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Bib Data Sheet

CONFIRMATION NO. 6172

SERIAL NUMBER 09/749,189	FILING DATE 12/27/2000 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. TOBINICK 3.0-012 (CIP)
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APPLICANTS
Edward L. Tobinick, Los Angeles, CA;

**** CONTINUING DATA ******* *Verified*
THIS APPLICATION IS A CIP OF 09/654,996 09/05/2000
WHICH IS A CIP OF 09/563,651 05/02/2000
WHICH IS A CIP OF 09/476,643 12/31/1999 PAT 6,177,077
WHICH IS A CIP OF 09/275,070 03/23/1999 PAT 6,015,557
WHICH IS A CIP OF 09/256,388 02/24/1999 ABN

**** FOREIGN APPLICATIONS ******* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/14/2001 **** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 18
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Verified and Acknowledged
Examiner's Signature _____ Initials _____

ADDRESS
EZRA SUTTON, P.A.
Plaza 9
900 Route 9
Woodbridge ,NJ 07095

TITLE
Cytokine antagonists for the treatment of sensorineural hearing loss

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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